

# South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501  
(605) 773-3301 or 1-800-952-3625  
Website: [www.artsCouncil.sd.gov](http://www.artsCouncil.sd.gov)

## Artist Collaboration Grant Application

**SECTION I:** If one of the artists is from a state other than South Dakota, the in-state artist is designated Artist #1 and the out-of-state artist is designated Artist #2.

Name of Artist #1 (Please type or print)

Mailing Address

City/State/Zip

Daytime Phone

Evening or Message Phone

E-Mail Address

Website

Name of Artist #2 (Please type or print)

TIN or Social Security Number

Mailing Address

City/State/Zip

Daytime Phone

Evening or Message Phone

E-Mail Address

Website

### Grant Application Codes

Applicant Status \_\_\_\_\_

Applicant Institution \_\_\_\_\_

Applicant Discipline \_\_\_\_\_

Project Discipline \_\_\_\_\_

Type of Activity \_\_\_\_\_

Arts Education \_\_\_\_\_

Project Descriptors \_\_\_\_\_

Project Race \_\_\_\_\_

Grantee Race \_\_\_\_\_

Project Period:

Grant Amount requested: \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Total project cost: \_\_\_\_\_

Date(s) of Project Event(s) \_\_\_\_\_

Number of Artists Participating \_\_\_\_\_

### Artist Collaboration Project Summary

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. It is agreed that the undersigned is authorized to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process. Artists certify that work samples (other than digital art or graphics) submitted as digital images have not been digitally or otherwise altered from the original work.

Signature of Artist #1

Date

Signature of Artist #2

Date

**SECTION II: Description of proposed collaboration.**

In a narrative of up to **three** single-sided pages, please describe (a) the collaborative project, (b) the process by which you plan to create this artistic collaboration, (c) what you expect to accomplish during this collaboration, (d) the shared common threads of your discipline(s), including your skills and values, that will contribute to a successful collaboration, and (e) how each state, especially South Dakota, benefits as a result of this collaboration. Specifically, **the narrative needs to address the benefits to South Dakota audiences, e.g. exhibition sites should be determined for visual artists, publication or reading tours should be set for authors, performance sites should be determined for performing arts, etc.** (You may use two extra single-side sheets if the provided space is not adequate.)

**SECTION III: Description of each artist's contribution to the collaboration.**

(Please type or print your narration. You may use one extra sheet if the provided space is not enough. Please indicate which question you are answering.)

1. Describe Artist #1's art form and expertise within the discipline selected for this collaboration.
2. Describe Artist #2's art form and expertise within the discipline selected for this collaboration.
3. Explain why you have selected one another for this proposed collaboration.
4. What experience have you had in working closely with another artist?

**SECTION IV: Collaboration Schedule and Budget**

Describe your schedule for collaboration:

Number of personal contacts \_\_\_\_\_

How will personal contacts take place (e.g. face-to-face meetings, Internet, telephone calls, etc.)? \_\_\_\_\_

**BUDGET**

**A. Fees:**

Artist #1 Fee \_\_\_\_\_

Artist #2 Fee \_\_\_\_\_

**Total Artists Fees** \_\_\_\_\_ (A)

**B. Project Materials & Equipment:** (list each item and its cost):

(If you need more space to provide the proper detail, please use a separate sheet.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total All Materials & Equipment** \_\_\_\_\_ (B)

**C. Mileage:** Figure the number of miles to be traveled by both artists and multiply it by .32 per mile.

(Explain) \_\_\_\_\_

**Total Miles** \_\_\_\_\_ x .32 per mile \_\_\_\_\_ (C)

**D. Other Travel:** (costs such as lodging, meals, airfare, etc.)

(Explain) \_\_\_\_\_

**Total for Other Travel** \_\_\_\_\_ (D)

**E. Total Project Cost:** (Total of amounts on Lines A through D) \_\_\_\_\_ (E)

**F. Total Grant Request:** (Total A through D), not to exceed \$6000 \_\_\_\_\_ (F)

**SECTION V: ARTISTIC DOCUMENTATION FORM (Artist #1)**

**Support Materials:** Artistic documentation of Artist #1's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, medium, date of completion and actual size of the work. Send no more than 10 slides or digital images. Do NOT send original artwork. Identify audio tapes, video tapes, DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation for a complete description of individual discipline requirements.**

**Applicant Name:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

**SLIDES /DIGITAL IMAGES**

Number	Title	Size*	Medium	Date of Completion
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

**VIDEO TAPES, CDs, DVDs**

Title of Recording	Type (audio, video, CD, DVD)	Discipline	Date Recorded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Number and label each recording with the title you have listed on the application form.

**MANUSCRIPTS**

Title of Work	Genre	Date Completed	Date Published (if applicable)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

A mailer with postage for the return of artistic documentation is enclosed.

☐ Yes

☐ No

**SECTION V: ARTISTIC DOCUMENTATION FORM (Artist #2)**

**Support Materials:** Artistic documentation of Artist #2's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, date of completion, and actual size of the work. Send no more than 10 slides or digital images. Do NOT send original artwork. Identify audio tapes, video tapes, DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation for a complete description of individual discipline requirements.**

**Applicant Name:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

**DIGITAL IMAGES**

Number	Title	Size*	Medium	Date of Completion
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

**CDs, DVDs**

Title of Recording	Type (audio, video, CD, DVD)	Discipline	Date Recorded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Number and label each recording with the title you have listed on the application form.

**MANUSCRIPTS**

Title of Work	Genre	Date Completed	Date Published (if applicable)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

A mailer with postage for the return of artistic documentation is enclosed.

☐ Yes

☐ No